1942 — SILVER ANNIVERSARY — 1967

The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XXIII APRIL, 1967 NO. 4

VOLUME I MARCH, 1942 NUMBER 1

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

OFFICERS OF HAMPDEN DISTRICT MEDICAL SOCIETY

President—Dr. George B. Corcoran
Vice-President—Dr. George L. Steele
Secretary-Treasurer—Dr. Wayne C. Barnes

It is moved that the Hampden District Medical Society create a committee to be known as the Publications Committee, to publish such items quarterly as will be of interest to the members of this society.

This committee shall be appointed by the president, and consist of an editor in chief, and two associates to be responsible for this publication; an executive secretary, and an Advisory Committee of not over fifteen members.

For the year 1942 the expense to the society of this publication shall not exceed one hundred dollars.

The president and secretary of this committee shall be ex-officio members of this committee.

The treasurer of the society will handle and be responsible for all monies of this committee.

The President has appointed:—Editor in chief, E. P. Bagg, of Holyoke, associate editors, George Steele of Springfield, Patrick Gear of Holyoke, executive secretary, W. A. R. Chapin of Springfield.

The members of the Advisory Committee will be Archie Douglas of Westfield, Eugene Beauchamp of Springfield, Alphonse Palermo of Springfield, George Schadt, Springfield, Fenn Hoyt, Springfield, Patrick Moriarty of Chicopee, Norman Pokorny, of Springfield, W. W. Wilder of Springfield and Joseph Hahn of Springfield

Greetings

When paper and printer's ink for existing publishing needs, are becoming scarcer than neo-natal teeth why in the blue ethereal should anyone elect to thrust another sheet upon the cluttered medical reading table? Heaven knows enough already goes unread to the salvage man. Only the increasing gravity of important problems which concern or threaten the very life of the medical profession can justify such a venture. We do not propose to compete with scientific journals for they are adequate. Nor do we promise you entertainment, (we would not sour you on Milquetoast, nor could we rival Bumstead at our balmiest). We undertake merely to prod your inattention; to keep you informed in brief upon movements such as the further encroachment of government into the field of medicine, and to offer a medium for your active discussion of vital issues. If there is found to be no such need, or you prefer a pre-Pearl Harbor paradise, then may our brazen leaflet die aborning. But in defense of its sponsors, let us cite the dictum of Euripides: "Try first thyself, and after call in God".

Annual Meeting April 20, 1967

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS. 01109

Telephone: 736-0661

Vivian M. Purdy, *Executive Secretary*

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To Committee on Tax-Supported Medical Care . . Harry J. Roberts, M. D.
By-Laws . . . . . Max Millman, M. D.
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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

BOARD OF EDITORS

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EDITORIALS

A QUARTER OF A CENTURY OF SERVICE

In March of 1942, the "founding fathers" of *The Hampden Hippocrat* presented with great trepidation and much uncertainty the first fruits of their labor. To quote from the first editorial: "When paper and printer's ink for existing publishing needs are becoming scarcer than neo-natal teeth, why in the blue ethereal should anyone elect to thrust another sheet upon the reading table? Heaven knows, enough already goes unread to the salvage man. Only the increasing gravity of important problems which concern or threaten the very life of the medical profession can justify such a venture." Their fears and anxiety must have been most adrenergic, for the *Hippocrat* continued to come out quarterly with regularity until 1957, when it began to come out monthly (except for the months of July and August).

Begun as a medium for keeping members of the Society informed as to "local doings" and a sounding board for various viewpoints pertaining to the environment of medicine, the *Hippocrat* has over the years striven arduously to fulfill this mission. To say that its growth and development have been serene and painless would be like saying that it has been lifeless. Born a "Saturday's

child", it has come a long way in hopefully becoming "an indispensable instrument in the operation of the Society." If this be the *Hippocrat's* status, then much is owed not only to the editors and the business managers, past and present, but to all those who have contributed to its life, namely, the Society's officers, committee chairmen, committee members, individual members, and far too many others to enumerate.

What of The Future?

The future cannot be predicted, but it can be anticipated from lessons learned in the past and thereby planned for. This planning must be flexible and readily adaptable to the changing tide. Rigidity and inflexibility almost always lead to the maintenance of the *status quo,* and this means *stasis* and *retrogression.* Any endeavor which comes to a standstill has already begun to decay and die. The key to progress in life is imagination and creativity. Minds that can cut through the cobwebs of long established procedure and conformity, minds that can find new approaches and methods, minds that can apply these approaches and methods in a practical and positive way hold the keys to progress.

Are we, disciples of the art of medicine, making progress? There are many amongst us who prefer to shelter under the canopy of the *status quo.* There are those who prefer to sit on the sidelines just doing nothing and/or throwing "brick-bats". There are also those who would only "gather acorns while they may." The physician of today is facing a storm which may lead to catastrophic sequelae unless *we* all work together unselfishly, harmoniously, and providently. The way to progress is to don the mantle of righteous aggressiveness in an all out program of unity and participation under the banner of our Society and its various instruments for positive action.

One such instrument of our Sociey is *The Hampden Hippocrat.* Since the Board of Editors is a committee serving the interests of the Society and since the *Hippocrat* belongs to the Society "lock, stock, and barrel," then it behooves this organ to not only publicize all Society activities, but also to reflect as much as possible its ideology and philosophy, to promote good internal relationships, and to motivate the membership to greater participation in the Society's affairs. If the Society and the *Hippocrat* are to make progress, then each member must in his or her own way make a contribution, for whatever is of interest to himself or herself is of interest to the Society and also to the *Hippocrat.*

On this the silver anniversary of the *Hippocrat,* let us all resolve to make *progress* our by-word. The *Hippocrat* wants your help and the *Hippocrat* needs your help, for the *Hippocrat* means to reflect *you.*

Ayres

Cover: The masthead and editorial page of the first issue of *The Hampden Hippocrat* as published in March of 1942.

TWENTY-FIVE YEARS LATER

It is difficult to realize that fully twenty-five years have elapsed since the *Hampden Hippocrat* first made its appearance. However, there is no quarelling with history, according to which our bulletin did indeed make its debut in March of 1942.

It seems as if only yesterday the need for a society bulletin was seriously questioned by the membership. Questioned also was its feasibility. Today, Hampden District bereft of the *Hippocrat* seems almost unthinkable. The original purpose of our Bulletin, as some may remember, was to keep our service men informed of what was going on back home. Since then, the *Hippocrat's* functions have multiplied several fold. And finally, whereas at the beginning the Editors found it difficult to fill an eight-page quarterly, today they usually have more than enough material to fill a thirty-six page monthly publication.

Much of the progress of the *Hippocrat* is traceable to the ever increasing interest and participation on the part of the membership. Many of the early issues of our Bulletin were written almost entirely by the then Editor-in-Chief, Dr. E. P. Bagg. Today we find that not only has the size of the Board of Editors more than trebled, but also that much of the material published nowadays comes from members at large. By way of illustration, two of the leading articles in the last issue of the *Hippocrat* were written by non-editor members. What is interesting also is that over the years the material submitted has become more and more stimulating and more provocative. One needs but read Dr. Susat's editorial in the March issue to appreciate its candor and its straightforward exhortations to greater participation in Society affairs.

By sheer coincidence this marks also the first anniversary of Drs. Ayres and Tillman as Editor-in-Chief and Assistant Editor respectively. Our Society has unqestionably chosen wisely. The last few issues have been of such excellence as to overshadow all previous effort. With the cooperation of the membership the *Hippocrat* can go a long way toward serving the Society even more effectively than it has in the past.

Millman

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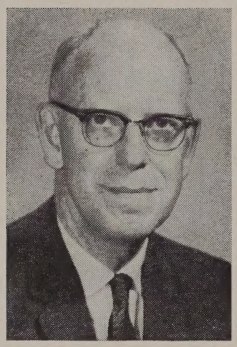
President's Page



PASSING ON THE SCEPTER

A year ago I swore I would not write for the "Hippocrat" every month since I was sure I would not have anything to say on a monthly basis. Perhaps, the readers have felt I should have kept my promise. At any rate, this is my last appearance on this page.

By pure happenstance this is also the 25th anniversary of "The Hampden Hippocrat," and I am proud to be a part of it. Over the years, this periodical has grown not only in the number of issues and pages, but in stature as a district publication and in importance as a means of communication with the membership. Doctors Bagg, Chapin, Millman and Ayres deserve our thanks.

As one looks through this issue, with its annual reports, it is quite apparent that many members of our Society have been at work throughout the year. No one is more aware than the President how important the work of the various committees is and how hard these men work. Long hours are spent by many people to accomplish the work of your Society. Many thanks, committee men, for your sacrifice of time and energy and your serious thought that has been applied to the work of the Hampden District Medical Society!

Let me take this opportunity to urge all members — particularly the younger members — to participate in the activities of your Society. If, for some reason, you don't get asked to serve on committees, don't hesitate to volunteer. There is considerable satisfaction in being a part of what is going on, and even with a frustration or two there are the rewards of beating out a solution to a problem that had at first appeared insoluble.

DONALD R. HAYES, M.D.

HDMS COMMITTEES
ANNUAL REPORTS
1966 - 1967

ANNUAL REPORT OF THE SECRETARY

If the departure of Secretary Memery from the scene has not caused serious interruptions in the activities at the Society's headquarters, it is only because of the special efforts and skills of my able assistant Dr. Bruce Stoler and Executive Secretary, Mrs. Vivian Purdy.

Our dinner meeting of February was unfortunately cancelled due to the severe snow storm that day. However, plans are already underway for the coming year and as usual the dinner will be "on the Society." Your attendance at these meetings is indispensable to their success. Please, try to be at as many as possible. If you are unable to come as planned, please notify the office so that we can cancel your reservation. Since the all important business portion will continue to be carried out before the dinner, it is important that all members try and arrive on time to attend this part of the evening's events.

Mrs. Purdy has been kept especially busy recently with phone calls from people in the community seeking a physician. It is the policy of the Society's office to refer new patients to physicians who have an office in close proximity to the home of the caller. Generally, a list of three names is given from which the patient can make a choice. This is but one of the many public services offered by your Society. If for any reason you are unable to accept new patients, please notify Mrs. Purdy at Society headquarters.

In addition to her many local duties, our Executive Secretary has been actively participating in the activities of the Medical Society's Executive Association. She attended the seminar of that organization in Chicago last August, and she will soon be participating in a panel discussion at a future meeting in New York.

Currently there are 436 active members in the Hampden District in addition to 70 "senior" members. This past year 10 new faces with impressive medical training have joined our medical community. They will officially be welcomed at the June indoctrination meeting with the Censors and Officers of the Society. There have been 8 deaths, and 6 members have moved out of the area to "greener pastures."

If you are in the vicinity of the Academy of Medicine Library, or happen to be visiting the Health Department for vaccines, you are encouraged to drop in at the Society's headquarters to say "hello."

John F. Griffin, M.D.
Secretary

(More on Page 6)

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EXECUTIVE AND GRIEVANCE COMMITTEE

The members of the Executive Committee met monthly during the past year with all members being quite faithful in attending. Society business matters were handled in an efficient and deliberate manner by this Committee under the fine leadership of Dr. Donald Hayes. Your attention is again directed to the "Highlights" of the Executive Committee meeting which appear monthly in the "Hippocrat."

Although a significant portion of the material taken up by the Executive Committee concerns the medical problems of both state and national importance, it is a pleasure to hear from any physician in our District cencerning matters which might be of concern to all of us locally.

The Executive Committee continues to function as the Grievance Committee for the Society. Twenty-five complaints were received by the Committee for action over the past year. These complaints continue to be primarily in the field of fee disputes, insurance form problems, and doctor-patient personality problems (one patient complained of not receiving a bill). They are handled promptly and courteously.

John F. Griffin, M.D.
Secretary

BY-LAWS COMMITTEE

During the past year, four amendments to the By-Laws were adopted. These amendments, in accordance with the By-Laws, were published in the issue of the "Hippocrat" immediately preceding the September, 1966, meeting when they were acted upon by the Society.

Max Millman, M.D.
Chairman

MEDICO-RELIGIOUS COMMITTEE

The Medico-Religious Committee has continued to hold regular meetings with representatives of the clergy in the community with a variety of subjects being discussed. Panel presentations have been arranged for the student nurses of The Springfield Hospital and will be arranged for nursing students of the Springfield Technical Institute. A C.P.C. program was prepared for committee presentation and will be available for hospital use. A TV program will be taped for presentation on Channel 22 under the auspices of Dr. Charles Barnes. An observer was sent to the highly successful panel discussion held by the Berkshire District Society.

The Chairman attended a meeting of state chairmen of Departments of Medicine and Religion in Chicago, February 18 and 19. The State committee is to be reactivated under Dr. Hough's chairmanship.

Garry DeN. Hough, III, M.D.
Chairman

INSURANCE, LABOR RELATIONS AND INDUSTRIAL ACCIDENT COMMITTEE

The Insurance, Labor Relations & Industrial Accident Committee has had no meetings and no problems this year. The "Revised Relative Value" Study was printed and is available from the HDMS for $2.50.

Eugene Beauchamp, Jr., M.D.
Chairman

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COMPLIMENTS

Ernest A. Byron

SPRINGFIELD

THE ANNUAL MEETING OF THE HAMPDEN DISTRICT MEDICAL SOCIEY

TIME: **THURSDAY, APRIL 20, 1967**

Business Meeting at 6:00 P.M. followed by

Social Hour at 7:00 P.M.

Dinner (Courtesy of Society) at 7:30 P.M.

PLACE: **SHAKER FARMS COUNTRY CLUB**

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AGENDA: **Annual Report of Officers and Committees**

Election of Officers

YOUR PRESENCE IS URGENTLY REQUESTED

JOHN F. GRIFFIN, M.D.

Secretary

PUBLIC HEALTH COMMITTEE

The Public Health Committee has been active in many areas this past year, and I am grateful for the continuing interest and effort shown by members of the Committee.

The Family Living Program, more popularly called "sex education", has been widely disseminated through the efforts of many Society members. As you know, 3 movie films are available through our office with the cooperation of the Springfield Health Department "Human Growth", "The Innocent Party", and "One Quarter Million Teenagers". These have had 55 showings this past year to groups ranging from church and PTA gatherings to a Junior Chamber of Commerce. There have been 42 programs involving 18 physicians. In addition, there have been 12 to 15 "Fit to be Tied" conferences under the auspices of various churches. These have involved many more of our Society members. These have not gone directly through our office so there is no official count. School systems in Holyoke, Agawam, Longmeadow, West Springfield, and Wilbraham have been studying ways of incorporating "Family Living" into their curricula. The Springfield Study Committee has completed a kindergarten to 6th grade curriculum and will present it to the School Committee this month.

In December, under the leadership of Dr. R. Stebbins, the 2nd Annual Sports Injury Program was held at the Springfield Municipal Hospital Auditorium for coaches and athletic department personnel. There were 75 in attendance and it was well received. This was slightly lower than in 1965.

The Springfield School Department, through the Office of Psychological Social Services, has a project designed to aid the problem students in the system. We have evolved a set of medical guidelines for this and an advisory committee, chaired by Dr. Ellsworth Twible, has been formed to work with the school personnel to implement the medical aspects of this project. They are also helping to guide "Project Headstart" plans for this coming summer.

The Diabetes Detection Committee, chaired by Dr. Lous Izenstein, with the help of the Springfield Druggists Association, distributed 15,000 detection kits. There were 1863 returned and 89 of these were positive and were referred to their own physicians for follow-up. Although more kits were provided this year, there were only half as many returned to our headquarters, as there were in 1965.

Community Health Week last October was publicized by radio and T.V. announcements and newspaper articles. Also, members were on Jack Hurley's WACE program and a Sex Education Forum consisting of movies and a panel of physicians attracted approximately 100 people on one evening.

Other activities currently being studied are a proposed neighborhood health center under the auspices of the University of Massachusetts at the Riverview Housing Project and the problem of air pollution control in this area.

Robert A. Sears, M.D.
Chairman

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MEMBERS' INSURANCE COMMITTEE

The past year has been a very busy year for the Members' Insurance Committee. On April 29, 1966, the Committee was informed by Lessere-Wertheim Co., administrator of our Health and Accident Insurance program, that there would be a thirty per cent increase in premiums starting July 15, 1966. With less than three months notice, the Committee was faced with the decision as to whether to accept this increase or to study other plans. The Committee elected to look into other plans. While your Chairman was out of town most of the month of May, Dr. Zacarian acted as Chairman Protempore and did an excellent job in collecting facts and figures regarding other available plans. With time so short, the Committee recommended that the membership pay the increased premium due July 15, 1966, and that a final decision would be made later on the insurance program before the next premium date of January 15, 1967. The Committee held numerous meetings during the warm summer months, studying various insurance plans. After a good deal of study, it was the unanimous opinion of the Committee that it would be to the advantage of the Society to replace the previous coverage with one underwritten by the Commercial Insurance Co. of Newark, New Jersey, and administered by the Lester L. Burdick Co. This recommendation was approved by the Executive Committee, and a charter enrollment period was started in November, 1966, and ran until January 15, 1967.

During this period, of 350 eligible members (including all members previously insured under the Hartford Accident and Indemnity Plan, plus additional insurable members), 258 members or 73.7% enrolled in the new plan. Furthermore, there may be additional enrollments since applications are being accepted from our membership at any time. However, those who applied during the charter enrollment period, were not required to present evidence of insurability if they had previously been insured under the old program. Those applying after the close of this enrollment period will be required to show evidence of insurability. There is a possibility that an open enrollment period may occur in about a year. At the present time, including the Burdick Plan in the Academy of Medicine and the Massachusetts Medical Society, there are 517 Burdick policies in force in our District.

(More on Page 10)

THE MEDICAL CREDITS DIVISION

Administered by an Operating Council comprised of Physicians, Dentists and Hospital representatives who are elected annually. Furnishes educational and professional assistance to its members in safe credit and collection procedures. Provides pre-collection aids and offers where required, an ethical, dignified, and efficient collection service.

For further information please telephone RE 6-4511, Ext. 46, Medical Credits Division, Credit Bureau, Inc. of Greater Springfield.

There has been some confusion among our members over solicitation by Lessere-Wertheim for a non-cancellable insurance policy. This policy, underwritten by the Massachusetts Casualty Co. and administered by the John T. Hanifin Agency, was recommended in 1957 by the late Dr. William J. Cosgriff, then Chairman of the Insurance Committee. The plan had not been aggressively promoted and very few of our members have this policy. Recently, Lessere-Wertheim joined with Robert T. Hanifin and are attempting to revive this plan. The plan is being promoted as a "Hampden District Medical Society Plan", based on this 1957 recommendation. The present Committee neither approves nor disapproves the plan at this time, but the plan is under study.

Meanwhile, a Group Business Overhead Business policy, underwritten by the St. Paul Fire and Marine Insurance Co. and a Group Life Insurance program, underwritten by the Patriot Life Insurance Co. of New York, both administered by Lessere-Wertheim Co., are still in force.

As Chairman, I should like to thank the members of the Committee for their arduous labors in the hot summer months during this critical year. Especially, I want to thank Dr. Setrag A. Zacarian for his excellent work during my absence, and for his tremendous help upon my return.

H. Bernard Tillman, M.D.
Chairman

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MALPRACTICE AND MEDICO-LEGAL AFFAIRS COMMITTEE

The Medico-Legal Affairs Committee held a joint meeting with the lawyers in October, 1966. At that time, it was decided to hold a combined dinner meeting on March 7, 1967, at the Shaker Farms Country Club and to invite Edwin J. Holman, Esq. from the AMA Legal Department to meet with the physicians and lawyers of Hampden County and speak on "Improving Interprofessional Relations." Although the original date was "snowed out", it was rescheduled and held on March 28, 1967. In addition, during the year, many problems relating to Medico-Legal affairs were handled by the Committee and referred to the proper authorities. It is hoped that this Committee will encourage better communications and understanding between physicians and lawyers.

John P. Sullivan, M.D.
Chairman

(More on Page 12)

The longer you gaze on an obstacle, the bigger it becomes. —B. C. Forbes

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SCHOLARSHIP COMMITTEE

Under the chairmanship of the late Ralph T. Miller of Ware, and with the work of the original committee memebrs - Dr. John W. Turner, Dr. B. Lincoln Wales, Jr., and Dr. Stanley Stusick, our Society has been fortunate in establishing this unusual program of scholarship grants in the name of the people of Hampden County. This original fund of $22,-969.01, raised during the polio immunization program several years ago, is safely established on a sound legal and financial basis as part of the Charitable and Educational Fund of the Massachusetts Medical Society. The administrative arrangement for making available the annual interest of about $1,000 for our scholarship grants lies with the directors of that fund as appointed by the Massachusetts Medical Society. One of our scholarship committee members participates as a director of this Fund. Your committee annually designates the names of scholarship grantees and the amount of each scholarship award which is paid directly by the Treasurer of the Massachusetts Medical Society to the educational institution in which a scholarship winner is enrolled. All applications should be submitted before Sept. 1.

This past year, the Committee reviewed applications from twelve people. Nearly all of these applicants merited financial assistance, but there were not enough funds to make grants to all of them. The Committee made awards to Francis N. Tremblay, 30 Los Angeles Street, Springfield, who is now a first year student at the University of Vermont College of Medicine; to Judith Lund, of Elbert Road, Agawam, a first year student at the Hartford Hospital School of Nursing; and to Paul C. Salmonsen of Albert Street, Agawam, who is now a third year student at the Baylor University College of Medicine. Mr. Salmonsen called on the Scholarship Committee Chairman during his school Christmas vacation to personally express his appreciation for the scholarship which has permitted him to continue his study of medicine. It has been very gratifying to know of the calibre of these young people who are going into these fields of health science, but the increasing need for financial assistance to many deserving students warrants the interest, concern, and active attention of all physicians in this Society. I urge all members to take some personal responsibility in making known to deserving young people the availability of our Medical Society scholarship which is essentially the result of combined efforts of our community associates in medicine, the pharmacists and nurses of the area who worked so hard with members of our Society in the original polio program. I am also sure that any gifts or bequests for scholarship purposes could be received by our Society and deposited in the Charitable and Educational Fund of the Massachusetts Medical Society. At this writing, we have received inquiries for scholarships from eight applicants for 1967.

B. Lincoln Wales, M.D.
Chairman

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LEGISLATIVE COMMITTEE

The Legislative Committee has been busy watching the impending legislative activities in Boston.

Meetings were held at the District Society office, and all pending bills were thoroughly discussed and voted upon. The Chairman attended the meeting of the State Society Legislative Committee in Boston, where Dr. Robert Holland was again elected Chairman, and Mr. E. Spencer was present as the Society's Public Relations Director, and Mr. C. J. Dunn was reappointed Legal Counsel.

All ninety-three bills of interest to our profession were discussed in detail in a whole day's session. Twenty-two were supported; twenty-seven opposed. On the rest, "no action" was recommended.

The vote in almost all cases corresponded with the vote of our District Committee. Only in one instance, namely S-753, (a bill granting life tenure to certain medical examiners and associate medical examiners) did the vote go against the Chairman. The State Committee voted for life tenure; whereas, it was our feeling that automatic life tenure should be opposed since it took no cognizance of such human factors as possible decline of efficiency and capabilities with advancing old age.

The recommendations made are all listed in the "Legislative Hopper" and the Chairman's editorial in the March issue of the "Hippocrat."

The Committee again urges all members to actively contribute to the passage or defeat of these bills.

Karel J. Susat, M.D.
Chairman

EMERGENCY MEDICAL SERVICE COMMITTEE

Number of calls received:	
Springfield	571
Chicopee	89
Indian Orchard	10
Dental	29
Number of Doctors called	62
Number of Dentists called	23

From the figures it is obvious that the Emergency Medical Service is little used these days. Perhaps, the time has come to revaluate the status of the Emergency Medical Service.

James J. Gallagher, M.D.
Chairman

PUBLIC RELATIONS COMMITTEE

The Public Relations Committee has concluded a successful year in relations with the community press and radio. Your chairman spent two days at the American Medical Association Public Relations Institute in August, 1966, and reported back to the Society at its Fall meeting. The Committee has handled problems on an individual basis in a satisfactory manner.

Bernard Bloom, M.D.
Chairman

(More on Page 14)

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BOARD OF EDITORS

With the submission of this report *The Hampden Hippocrat* completes a quarter of a century of publication on behalf of the HDMS. Although the current volume listing is XXIII, one of the earlier volumes extended over a three year period. The growth and success of the *Hippocrat* can be attributed not only to the Ediors-in Chief, the Business Managers, and the Board of Editors but also to the officers, committee chairmen, and the membership of the Society. It is hoped that this assistance, cooperation, and support will not only continue but will flourish over the next quarter of a century and then some.

During this 25th year of publication and with the retirement of Dr. Max Millman, our erstwhile Editor-in-Chief for the past decade, the *Hippocrat* began with a new leadership consisting of Dr. John C. Ayres as Editor-in-Chief and Dr. H. Bernard Tillman as Assistant Editor. With this shifting around in the Board, a vacancy ensued, and this was filled by the appointment of Dr. Eugene G. Boss, Jr., in January, 1967. With the demise of Dr. R. Miller, a staunch and stalwart pillar of the *Hippocrat* Board in January of 1967, the Board of Editors was again left with a vacancy and this will be filled shortly.

During the year, the *Hippocrat* continued to appear monthly except for July and August. Most of the issues counted 36 pages. Some issues continued with the apparently popular "special theme" series, of which there were four in number: Religion and Ethics, Public Relations, Health Manpower, and Legislation. The "special theme" series' success is due to the magnificent cooperation of the several committee chairmen of the Society and their respective committee members. High accolades must also be heaped on those committee chairmen and committee members who wrote most informative articles in the regular issues.

Financially the *Hippocrat* has managed to keep out of the red during the past year. However, lately there are indication of dark clouds on the horizon inasmuch as both local and national advertising seem to be on the decline. Since the *Hippocrat's* founding fathers were charged with the tacit understanding that the bulletin was to be financially self sustaining and has so far managed to meet this charge, the membership is reminded to "patronize our advertisers and remember to mention the *Hippocrat.*" Moreover, equally and, perhaps, more important is our urge to each member to read the *Hippocrat* regularly and share your ideas and views with us. The early hopes of the *Hippocrat's* founders were that the membership would *rally 'round* with questions, opinions, suggestions and even criticisms and complaints, thereby using the bulletin as a sort of a sounding board. During the past year, there were virtually no such manifestations in the form of items of correspondence from the membership.

The Board finds itself indebted and most highly grateful to many people for their assistance and cooperation. Especial thanks are hereby extended to Mrs. Alicia Willard, Advertising Director of the *Hippocrat,* Mrs. Vivian M. Purdy, the Society's Executive Secretary, Mrs. Jean-Paul Aucoin, the Auxiliary's correspondent to the *Hippocrat,* and our printer - the Elm Tree Press.

John C. Ayres, M.D.
Chairman

MENTAL HEALTH COMMITTEE

The Mental Health Committee has been active in several areas. The efforts of the Western Massachusetts Psychiatric Society in its post graduate education program have been supported, and a new series of lectures for the coming year has been planned. Support has been received from the National Institute of Mental Health to help this program.

A questionnaire was sent to the members of the District Society in an attempt to discover the opinion of the members about the role of the non-physician in the diagnosis and treatment of mental illness. The results of this poll have been published in the March issue of the "Hippocrat."

A summary of the current progress in the Mental Health field was also published in the March issue of the "Hippocrat" outlining the requirements of the new Mental Health Bill.

Tentative plans for the establishment of a facility for retarded persons in the Springfield area prompted several members of the Mental Health Committee to go to New London, Connecticut, where the State has a functioning center at "Seaside." Valuable information was obtained and will prove helpful in formulating plans for Springfield's future program.

Several members of the Mental Health Committee continue to serve on the board of the proposed Mental Health Center for Springfield.

Robert Van Wart, the Director of the Community Council, has been appointed by the Governor to the Mental Health Task Force to advise the department of Mental Health on its policy during the transition following the enactment of the Mental Health bill. The Committee has made several suggestions to Mr. Van Wart about the composition of the area boards and the duties of the area and regional personnel.

Eugene Boss, Jr., M.D.
Chairman

BLUE SHIELD COMMITTEE

Hampden District Blue Shield activity this year has involved chiefly a series of lively informational meetings mostly in Boston. These have been on the subject of Medicare-Blue Shield relationship, the profile program, and the fee survey.

Major decisions in these matters, perhaps, unfortunately have already been made for us in Washington. An unsuccessful attempt was made to obtain an Enterprise telephone number in the Springfield area for physicians' claims. The local office has recently been changed so that these inquiries can be handled more effectively.

There appears, as predicted previously, a series of plans to bring Blue Shield fees into a higher line comparable to Medicare. Plan "C" Blue Shield is an attempt to bring out an entirely new program with a $10,000 income limit. At the moment, it seems that this may not be necessary and the Insurance Commissioner may accept a "reasonable fee" plan probably similar to Medicare and based on the Statewide Blue Shield survey of last year. Some upward revision, either Plan C or a new contract with a higher income limit, seems likely quite soon.

It seems also very clear that ultimately we are headed toward a standard program of fees and services. The present complex of commercial, Blue Shield, and Government plans has become increasingly unrealistic. One day the cost of Medicare will be added up.

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The published figure will lead to legislative controls. A full cycle may then develop whereby these controls will lead to inefficiency, poor services, and finally, some day, a re-emergence of private medical care.

Walter D. Carver, M.D.
Chairman

DISASTER COMMITTEE

Since the completion of the "Hampden Alert-1966" disaster drill, the Disaster Committee has remained rather quiet and has not been called upon to carry through any complicated projects. Recently, however, we were called upon to assist with a nursing disaster project referred to as the Institute for Instructors of Disaster Nursing which was sponsored by the Massachusetts Civil Defence Agency and organized primarily by Miss Sadie A. Corey, R.N., Ed.M., who is chairman of the Disaster Nursing Committee for the Massachusetts League for Nursing and the Massachusetts Nurses Association. This institute was held at the Belchertown State School during the week of March 13, 1967, and the purpose of this institute was basically to prepare professional nurses to conduct courses in disaster nursing in hospitals, schools of nursing, public health agencies, and nursing groups in the community. The District Medical Society supplied several of the speakers for this very worthwhile project.

Walter S. Mozden, M.D.
Chairman

#

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EXECUTIVE COMMITTEE
(Highlights)

The Executive Committee met on Tuesday, March 21, 1967, in the Conference Room of the HDMS. Present were Drs. Hayes, Griffin, Moore, Wiedman, Bloom, Burkhardt, Nero, Stoler, O'Malley, Baker, Beauchamp, Jr., and Mrs. Purdy.

The minutes of the February meeting were accepted as read.

Dr. Roberts asked for a donation from the Society for HDMS Golf Day. This was granted.

Other letters were read as informational.

The Committee decided to read the "Annual Reports" in the April issue of the "Hampden Hippocrat" and vote on them at the next Committee meeting.

Mrs. Purdy gave her report of "office doings."

Old Business

Dr. Hayes has set up a ad-hoc committee to give the Executive Committee a report on welfare and payments under Medicare, etc. When this Committee meets, a report will be sent to the membership.

New information has been sent out about Title XIX from the AMA. This will be printed in the "Hampden Hippocrat" and will also be posted shortly in staff rooms of the District's hospitals.

Telephone listings, particularly from the specialty angle were discussed and notices will be sent out to the members about this.

The meeting was adjourned at 9:25 P.M.

The Committee then met as the Grievance Committee and heard three cases. Letters shall be written to all concerned.

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TO MEMBERS OF THE
HAMPDEN DISTRICT MEDICAL SOCIETY:

It is our intention in this letter to clarify our policy regarding ambulance service for welfare recipients. It has always been — and still remains — our practice to transport patients regardless of race, color, creed, or ability to pay.

In the confusion of recent conflict, one may have gathered the impression that our services are no longer available to Springfield Welfare patients. This is absolutely incorrect.

As you know, the laws governing Medicare and the Departments of Public Welfare guarantee the right of the patient to freedom of choice of ambulance service.

In summation, then, we wish to advise you that you or your welfare patients may feel free to call us directly for ambulance and oxygen services.

Sincerely,
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President

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IMPROVING INTERPROFESSIONAL RELATIONS

by EDWIN J. HOLMAN, LL.B.

Staff Member, AMA Law Division

(Excerpted from an address presented at the joint meeting of the HDMS and the HCBA on March 28, 1967)

The AMA is dedicated to improving interprofessional relations for both selfish and altruistic reasons. It feels it must speak on behalf of its membership on the quality of medical testimony when it is sought in any form of court proceeding or administrative hearing. The AMA feels quite strongly that it has an obligation to protect the public as it seeks justice through the judicial process. The AMA feels it must cooperate with its sister organization — the American Bar Association.

Physician V.S. Lawyer Complaints

In appearing before meetings of doctors and attorneys, I have, for the most part, discussed the mundane and even the selfish interests of the two groups. I have discussed such complaints of the physician as: He is made to "cool his heels" in a courtroom while the lawyer, who called him as a witness, dilly-dallies over some inconsequential matter. He is subjected to "murderous cross-examination." He is inadequately compensated for his medicolegal services. He is asked to prepare detailed reports at the last minute. He is brought into a strange environment without advance briefing.

The lawyers complain that doctors frequently take court appearances too matter-of-factly, that they aren't adequently prepared, and that they use language that is incomprehensible. Lawyers protest that physicians, on occasion, become partisan and even appear to be advocates for their patient's cause.

A serious complaint of lawyers is that physicians refuse to make time available to discuss the medical aspects of the individual's complaints. Lawyers know that they must have medical guidance and consultation; they want it from honorable and capable physicians. Another complaint of the lawyer is that often medical testimony turns out to be a "battle of experts."

For the most part, lawyers respect the fact that the doctor's time is not his own. They do arrange with the trial judge to call the medical witness when he appears, or very soon thereafter. When, occasionally, the physician is compelled to wait, it would be courteous of the lawyer to give the doctor an explanation, and it would be courteous of the physician to recognize that the administration of justice doesn't revolve around his personal interests. While good health is our most cherished possession, it would be of little value to us if we didn't have an effective means of administering justice to insure that we could enjoy good health in an orderly, disciplined society. There is a balancing of equities, rights, and responsibilities on the part of doctor and lawyer.

Reports of murderous cross-examinations are grossly exaggerated. True, there are and, in many cases rightfully should be, cases of *vigorous* cross examination. When a doctor is ade-

quately prepared, testifies honestly and objectively, and comports himself with the dignity of his profession, he need have no fear of cross-examination. Moreover, in as many cases as not, the medical witness who is prepared, objective, honest, and gentlemanly, will undergo no cross-examination. The medical witness who fails to prepare himself or who attempts to bluff his way or who becomes an adversary is the one who invites cross-examination. That witness, especially if he loses his temper, may find being a witness an arduous experience.

Compensation of the medical witness or consultant is a matter to be agreed upon by the parties. No one denies that the physician is entitled to compensation for the work he does in connection with the case. Physicians, however, do not always know and lawyers do not always explain the problems connected with paying the costs of prosecuting a lawsuit. The physician says, with feeling, "the lawyer received *his* fee." Most lawyers go to extremes to insure that witness fees and other costs are paid. Perhaps, lawyers might make additional efforts to explain this matter to their experts and consultants.

As far as reports are concerned, physicians sometimes do have a legitimate complaint. In all areas of the country, depending on rules of civil procedure or on custom, lawyers get into all sorts of habits, both good and bad. Sometimes, lawyers don't plan too well in advance; sometimes, some lawyers don't prapare themselves as well as physicians are urged to prepare themselves. As a result, lawyers have been known to ask for detailed medical reports at the last minute. The doctor may have conducted an examination and may be thoroughly familiar with patient's health status. Yet, the doctor has not made any report of the medical-legal aspects of the case. He would not do so normally in his practice because his office records would serve his purposes adequately. Now, at the last minute, to write a report may entail considerable difficulty and some uncertainty. It is recommended that lawyers alert their physician witnesses or consultants that a report may be essential at some future time and suggest early in the game that the physician be prepared for such eventuality.

Physicians do speak a language of their own. When they appear on the witness stand they can, if they choose, really impress judge and jury. In an assault and battery case before a magistrate, a doctor described an injury thusly: "Patient suffered from a severe contusion of the integuments under the left orbit with great extravasation of blood and ecchymosis in the surrounding cellular tissue, which was in a tumified state, with considerable abrasion of the cuticle." It would have been just as effective to say: "Patient had a black eye."

If all doctors who testified were equally competent and if all spoke

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impartially with no thought of the effect of their words on the outcome of the litigation, any disagreement between them could be attributed to the fact that they were testifying on a problem to which medical knowledge could not provide a clear-cut answer.

Unfortunately, however, the medical profession must acknowledge that all doctors who testify are not equally competent or impartial. Most are above this suspicion but a few "professional" medical witnesses have been corrupted by the adversary system. There are also a number who become biased when they are placed in the role of a partisan and are subjected to hostile cross-examination. Whether judge and jury believe one doctor more than another too often is predicated upon nothing more than courtroom manner, personality, or forensic ability. Doctors are well aware of this and many of them who are highly qualified refuse to be treated as partisan and will not voluntarily participate in litigation. This has created the demand for the witness who is willing to earn his livelihood by testifying in court instead of treating the sick.

Medicine does not look with favor upon the so-called "battle of experts." It recognizes, however, that medicine is not an exact science and believes that there is room for honest differences of opinion. It would not curtail the right of a physician to express his own earnest conviction. Medicine, together with the bar, is anxious to find some method of either eliminating the "battle of experts" or placing it in proper perspective. Medicine does not feel that any panacea has yet been discovered, but it does look with interest on the various so-called "impartial medical testimony" projects. They are a constructive approach and, despite commonly accepted shortcomings, these projects deserve more serious study and less blind criticism.

Great improvement has been made in recent years in the matter of interprofessional relations. More remains to be done, and this must be done through cooperative but routine efforts.

Joint meetings over the years have been good, and they have improved relations between the two professions. Many communities, following the pattern of AMA and ABA, have adopted and followed codes of interprofessional conduct. These efforts have reduced the number of complaints by doctors against lawyers, and by lawyers against doctors. All in all, we have come to the point where we can air our differences and resolve them or point out programs for improvement and implement them.

Joint Obligation to Society

The aforesaid has been interprofessional with selfish interests as its direct goal and with benefit to patient or client being indirect even though substantial. Isn't it time now to put the ends of the patient or client first? Isn't it time now for law and medicine to ask how they may combine their talents to benefit those outside the professions? Can't dialogues continue, but with emphasis on community issues having legal and medical aspects?

In the comparative recent past, society has made great advances. Science especially has progressed so rapidly

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it is hard for us to appreciate all that has developed in our own lifetimes.

Recently it was pointed out that in 1880 there were, perhaps, 3 major medical remedies discovered per decade; in 1910, less than 10; by 1920, about 20; and now, more than 35 per 10 years. X-rays were discovered in 1895 and first used crudely in 1896. The clinical electrocardiograph was not developed until 1903; the electroencephalograph, not until 1929. Radioactive materials were first substantially used diagnostically in 1946.

At the beginning of this century there were only about 6 reliable and effective pharmaceuticals — digitalis, morphine, diptheria antitoxin, quinine, aspirin and ether. There were no drugs to combat infections other than diptheria and malaria. Smallpox and rabies were preventable by immunization procedures. In 1952 one could not successfully stop the human heart, open it, and repair it. Now such procedures are commonplace, and they are being refined and perfected daily.

Forty years ago, 1 of 4 died after major surgery; today, only 1 out of 100 fails to survive. Since 1940, the death rate for babies has dropped 54%. Almost 5,000,000 people are alive today who would not have survived on the basis of the death rate of 25 years ago. Seven out of 10 prescription drugs available today were not in existence 10 years ago.

The contrast between the science of medicine today and the science of medicine fifty years ago is truly staggering. The armamentarium of the

(More on Page 22)

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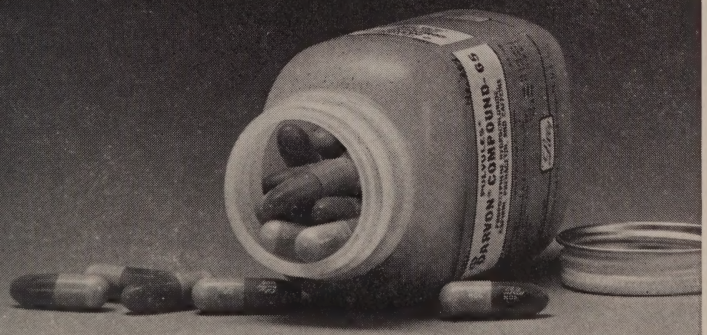

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physician today is vastly different from the equipment of the practitioner half a century ago. This is as it should be and as it will be in the future. Without question, the physician today must devote more and more time to the science of his profession than ever before.

How does all of this relate to physicians and lawyers? Very simply, science, especially medical science, and the natural advancement of society are creating new problems of individual and collective rights and responsibilities — and liabilities, perhaps, — more rapidly than ever before in the history of civilization.

There is a saying that "law follows science by a century." In today's rapid pace, this is entirely too great a time lag. Law must anticipate science and be prepared to answer the questions science raises. Law must be prepared to cope with the newly created legal problems arising out of a society as scientifically oriented as ours is and will be.

Because medical science affects both the individual and the community, it creates problems which demand exploration and review by men learned in medicine and in law. A number of these problems come to mind immediately: abortion for personal or economic reasons; sterilization for personal reasons; protection of the concept of confidentiality in the patient-physician relationship; human experimentation; or the use of artificial or extraordinary means to prolong life.

Is Japan or Sweden's attitude towards abortion adaptable to our own peculiar culture? I don't know. I do note, however, a significant discussion of "desirability" for change of our abortion laws in newspapers, magazine and even television. I would be willing to wager that within 2 or 4 years the legislature of at least 1 state will drastically revise its statutes regarding abortions. If it should be Mass., will physicians and lawyers and their wives be prepared to discuss the medical and legal issues involved? Will they have been effective in making their opinion heard?

The matter of confidentiality of the physician-patient relationship is a subject that is seldom thought of and even less frequently discussed. We have accepted this privilege — or do you consider it a right — since the days of Hippocrates? He wrote: "Whatever in my professional practice, or not in connection with it, I may see or hear in the lives of men which ought not to be spoken abroad I will not divulge, as reckoning all such should be kept secret." In Europe today, this concept is as sacred as the seal of the confessional. Is it being whittled away in the United States?

With 3rd party payors for health care — insurance companies and government-financing the amount of medical care they do and with each being accountable for the expenditure of insurance or government dollars, is the physician-patient relationship being opened to the eyes of complete strang-

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ers? Is this a serious or dangerous departure from tradition? A recent article, "The Historical Basis of Unethical Behavior in Nazi Germany," points out that the then German physician under Bismarck's Sickness Insurance Act of 1883, as modified by Hitler, was not liable if he revealed a secret in the course of fulfilling a lawful duty. He was secure from prosecution if his disclosures "served a legitimate, public spirited purpose." The Nazi placed state policy ahead of professional discretion and destroyed the touchstone of patient confidence without which a physician cannot function.

I do not for one moment compare our situation to the situation in Germany in the days of Hitler. I do refer to an extreme to emphasize that this concept of confidentiality has always been considered by us as most important from both the legal and ethical points of view. Has this concept been modified because of economic forces without our being cognizant of its modification?

From another point of view, may I ask if, in its non-pecuniary aspect, the concept of confidentiality has been deified out of all proportion? Were the psychiatrists who several years ago revealed the medical problems of state department employees to a congressional committtee (in promised confidence) great American or unethical physicians? Is the physician who discloses to his patient's employer, without patient's consent or over patient's obligation, that patient has a highly infectious and dangerous disease unethical and liable at law for damages? What was your reaction to the disclosure of the Texas sniper's psychiatric interview?

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THE FIFTH ANNUAL HDMS

GOLF TOURNAMENT

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HARRY L. ROBERTS, M.D.
Chairman

How many have read or heard about the experiment at a Brooklyn hospital where live cancer cells were injected in elderly patients without their consent? Is the good of society, is the hope of discovering a cure for cancer, sufficient to negate individual rights? Is it legally or ethically proper to conduct medical experiments on children in homes for the mentally retarded? This has been done. Is it ethically or legally proper to divide a number of patients suffering from an illness into two groups, giving those in one group a drug reasonably believed to be effective and withholding the drug from the other, the control group? Would your answer be influenced by the fact that there was an 8% mortality among those receiving the drug and a 23% mortality among the control group?

How far may science go to test its innovations? Under what conditions may experiments, tested in the laboratory and on animals where possible, be tried on human beings? We repudiate the medical experiments of Nazi Germany; yet, are we aware of less crudely conducted experiments around us which fail to respect the dignity of man? How far must the law go to protect the rights of the individual? Is it necessary to draft laws to protect the scientific investigator?

What about medicine's use of artificial or extraordinary means to prolong life? Is the physician, the individual, the individual's spouse or parent legally or ethically obligated to continue life indefinitely? If he is not, where is the line of demarcation?

Should medical science and law explore and consider a new definition or description of death? Actual cases are decided individually and, I suspect, these cases are far more numerous than most of us realize. Because this subject is distasteful, it has been most inadequately discussed.

In each of the subjects mentioned — abortion, sterilization, confidentiality, human experimentation, prolongation of life by artificial means, there are many medicolegal questions which have not been adequately explored by medicine or law. It should be pointed out, however, that medicine naturally is aware of questions, although it may not be certain whether they are legal, ethical, moral, theological, or social questions.

Haven't medicine and law, as professions, an obligation to explore these and similar problems in depth? Could they not also call upon the ministry to participate in these explorations?

Time was, a generation and more ago, that members of the medical and legal professions, together with members of the clergy, were respected as members of the learned professions. Our professions were looked upon with a degree of respect and awe. Time was, in the lifetime of many of us, when no major decision was made by the family unit without the advice of the family doctor, lawyer, or minister. The learning, the experience, the dedication of the doctor, lawyer, or clergyman, was appreciated, respected, and even revered. Though the professional man then may not have had the tools he has today, he had an appreciation of human nature and its problems. Moreover and most likely, he was blessed with an education not available to the majority of the community.

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His education and talents were available to the individual and the community. The leadership and guidance of members of the learned professions undeniably brought our social structure where it is today.

Some place along the way, however, it became necessary or desirable to devote more time to science and less time to the art of the professions.

Even as this happened in the professions because of the complexities of modern medicine and law, the opportunities for education became available to more and more of our friends and neighbors. Many are now able to pursue higher education. Of these, many in their field of specialization are more learned than we. Everywhere, the public is becoming much better informed. The patient is medically sophisticated and he is far from being legally naive. Patient, client, and congregation may now, more than ever before, intelligently question diagnosis, decision, or dogma. No longer is our word law.

The public, too, is caught up in the complexity of life in the second half of the 20th century. It looks to the physician and lawyer more as scientists and not so much as practitioners of the art of their professions. As a result, the doctor, the lawyer, and even the clergyman, have been supplanted by paid technicians, "do-gooders", benevolent governments, and others in furnishing leadership in the development of our social structure.

Whither Our Efforts

Are the learned professions willing to abdicate the position of leadership they once held? It seems clear that if law and medicine are to remain professions, they must reassume a position of leadership in guiding the destiny of our society. Law and medicine with assistance from the ministry

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COMING EVENTS

HAMPDEN DISTRICT ANNUAL MEETING, APRIL 20 (See Page 7)

HDMS EXECUTIVE COMMITTEE MEETINGS, MAY 23 and JUNE 13

ACADEMY OF MEDICINE, MAY 9 (ANNUAL MEETING)

MMS COUNCIL MEETING, BOSTON, MAY 15

MMS ANNUAL MEETING, BOSTON, MAY 16, 17, and 18

AMERICAN COLLEGE OF PHYSICIANS (MASS. MEMBERS), SPRINGFIELD, MAY 20

AMERICAN PSYCHIATRIC ASSOCIATION, DETROIT, MICH., MAY 7 - 12

AMA ANNUAL MEETING, ATLANTIC CITY, N.J., JUNE 18 - 22

should meet together to discuss the medicolegal, moral, ethical, and social aspects of those subjects which relate so intimately to the rights of man as an individual and the rights of man as a member of organized society.

The questions I've asked, and many more like them, are, or soon will be, demanding answers. Who will supply them? Shall they be answered in a vacuum and in accord with hedonistic principles? Shall they be answered by governmental bureaucrats? Shall they be answered by organized pressure groups? Or shall they be answered by a well-informed people?

May we, as members of our professions, overlook the emotional aspects of these issues and suffer their resolution by the enactment of "instant laws"? Already, the legislatures of two states have before them bills regarding human experimentation. The impetus for these proposals was experimenation on mentally retarded children. Already, the United States Food and Drug Administration has promulgated regulations regarding clinical investigations which were drafted without full consideration by those trained in medicine or the law. Already, at least one legislature has had euthanasia legislation presented to it.

There has been some discussion of these subjects in the medical literature and precious little elsewhere. It can be said to the credit of medicine, that the World Medical Association drafted and adopted The Declaration of Helsinki relating to clinical investigation and that the American Medical Association has endorsed the Declaration and supplemented it with its November, 1966, "Ethical Guidelines for Clinical Investigation." This is all the more significant in view of FDA's regulations.

Medicine is creating new problems for society as its science advances. This advance should be protected, but within accepted legal limits. The rights of the individual and the rights of society must be determined and protected within accepted legal limit. The rights, privileges, responsibilities, and protection of physicians must be defined within the proper context of the law.

As medicine creates these new problems, shouldn't the law be ready, when called upon, to help form and codify public opinion? Are not the subjects I've mentioned and the questions I've asked a golden invitation to continue interprofessional programs and to develop interprofessional relations; a golden invitation to develop them to the end that medicine can advance in a society guided by sound law, where all men can benefit by the accomplishments of both law and medicine?

#

There is no duty we so much underrate as the duty of being happy.

—Robert Louis Stevenson

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HAMPDEN CAPSULES

Drs. Rocco Verrilli and Frank Sterba have been certified by the American Board of Urology.

Dr. Weisman has been appointed to a six member Coronary Care Committee of the Massachusetts Heart Association.

Dr. Garry deN. Hough, III, has been appointed Chairman of the Medico-Religious Committee of the MMS.

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Speaking

At Dorman School, Dr. Sheldon Goldberg and Dr. Perlman on ears and eyes.

Dr. Janovsky to Jack & Jill Club on "Human Growth" and "Quarter Million Teenagers."

Dr. Doering to Mittineague Congregational Church on "Human Growth" and "Quarter Million Teenagers."

Dr. Burkhardt to Welcome Wagon Club on "Human Growth".

Writing

Dr. Mustafa Adham and Dr. Zacarian wrote an article for the "Journal of Investigative Dermatology", January, 1967 entitled "Cryogenic Temperature Studies of Human Skin."

Dr. O'Malley has written an article for "Medical News-Sports Report" entitled "2/3 Fractures Sustained by Novices."

Dr. Zacarian participated and read a paper at the Cryosurgery Symposium at University of California, Los Angeles, March 11 and 12, "Cryosurgery of Malignant Epethelioma of Skin."

"TIME FOR DISCUSSION," Dr. Hayes was quoted from January issue of the "Hippocrat" in the AMA News.

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Visiting

Woman's Auxiliary visited the Belchertown State School on Feb. 16th.

Dr. Hollaran is going to Afghanistan in May.

ACADEMY

The ANNUAL MEETING of the

SPRINGFIELD ACADEMY OF MEDICINE

will be held on

TUESDAY, MAY 9, 8:30 P.M.

SPEAKER: **LEWIS A. MILLER**
Editor, "Patient Care"
Stamford, Conn.

TOPIC: **"AN EDITOR LOOKS AT PHYSICIANS AND THEIR FUTURE"**

PLACE: **Auditorium, Municipal Hospital**
Springfield

THE SPRINGFIELD HOSPITAL EDUCATIONAL PROGRAM

On May 3, 1967, The Springfield Hospital will hold a "Teaching Day in Obstetrics and Gynecology" from 10:00 A.M. to 4:00 P.M. The program will consist of:

1. WALTER J. REICH, M.D. "Uncontrollable Hemorrhage in OB/GYN."
2. ROBERT W. GAUSE, M.D.
   a. "Geriatric Gynecology."
   b. "The Gynecologist as a Counsellor."
3. SOPHIA J. KLEEGMAN, M.D. "Diagnostic Study in the Infertile Couple."
4. PANEL DISCUSSION - TOPICS: Contraception; Abortion; and Sex Education of Children.

Murray Feingold, M.D., Chief, Ambulatory Service, New England Medical Center Hospitals; Director, March of Dimes Birth Defect Evaluation Center, and Chief, Rheumatology Service, Boston Foating Hospital, Boston, Mass., will be the pediatric guest speaker on Thursday, May 4, 1967. His topic will be "Physical Diagnosis: Seek and You Shall Find." A clinical session will be held at 5:00 P.M.; pediatric rounds, at 6:00 P.M.; and the formal presentation, at 8 P.M. in the Auditorium.

All physicians, residents, interns, nurses, and military personnel are cordially invited to attend.

There are two things to aim at in life — first, to get what you want, and after that to enjoy it. Only the wisest achieve the second.

—Logan Pearsall Smith

The busier we are, the more acutely we feel that we live. —Immanuel Kant

CARDIOVASCULAR DISEASE SESSION

The Western Chapter of the Mass. Heart Association is sponsoring the 12th Annual George L. Steele Memorial Lecture and postgraduate teaching day on Wednesday, May 3, 1967, from 9:00 A.M. to 4:00 P.M. at the Massasoit Hall of the Mass. Mutual Life Insurance Co., 1295 State St., Springfield.

Jacob Zatuchni, M.D., Professor of Medicine at the Temple University School of Medicine in Philadelphia, Pa., will present the following selected topics in cardiovascular disease.

(1) "The Use of Ethacrynic Acid in the Treatment of Edematous States"

(2) "Fluid and Electrolyte Disorders in Use of Diuretics"

(3) "The Use and Value of Lung Scan in the Recognition of Pulmonary Embolism"

(4) "Portable Chest Roentgenography and Its Value in the Recognition of Acute Myocardial Infarction".

Reservations may be made by writing and enclosing a check for the registration fee of $10.00 to the Western Chapter, Mass. Heart Association, 145 State St., Springfield, Mass 01103.

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THE

186TH ANNUAL MEETING

MASS. MEDICAL SOCIETY

TIME:	**Tuesday, Wednesday, Thursday** **May 16, 17, and 18**
PLACE:	**Statler Hilton Hotel** **Boston**
AGENDA:	**ANNUAL MEETING** Lectures and Films Panels Section Luncheons Scientific Exhibits Technical Exhibits Golf Tournament Annual Discourse Shattuck Lecture Art Exhibit
ANNUAL DINNER:	**Wednesday, May 17, 7:00 P.M.**

ATTENTION COUNCILORS!

The Annual Meeting of the Council will be held on Monday, May 15 at 10:00 A.M.

ELIGIBILITY PROVISIONS FOR MASS. MEDICAID

Persons who reside in Mass. and meet the eligibility requirements listed below are eligible for Medical assistance. Only the main points of this program are contained herein. If more complete information is necessary, it should be obtained from the Board of Public Welfare, which is the agency that determines eligibility for the program.

PERSONS ELIGIBLE

Medical Assistance will be available to the following individuals with medical care and service available in the same amount, duration and scope.

1. All persons who are receiving Old Age Assistance, Aid to Families with Dependent Children and Disability Assistance (Medical Assistance replaced the Medical Assistance for the Aged Program).
2. All persons who are eligible for Old Age Assistance, Aid to Families with Dependent Children or Disability Assistance but who have not yet applied for these programs.
3. All persons who are eligible for Old Age Assistance, Aid to Families with Dependent Children or Disability Assistance except for the durational residence requirement, income or personal property, provided they meet the eligibility requirements for Medical Assistance.
4. All medically needy children under 21 years of age whose income and resources are sufficient for their maintenance but are insufficient to meet the cost of medical and remedial care.
5. All persons who reside in Mass. but who are temporarily absent from the State are eligible, provided they meet all of the eligibility requirements.

FINANCIAL ELIGIBILITY

Personal Property Exemption

Personal property is defined as the ownership of bank deposits, securities, cash surrender value of life insurance, cash on hand or similar assets readily convertible into cash.

An individual is allowed personal property up to $2,000. A married couple or family of two persons are allowed combined personal property up to $3,000. An additional sum of $100 shall be allowed for each additional dependent member of the family.

Real Property

An applicant may own real property used as a home or from which he is absent because of mental or physical illness. Ownership of an interest in vacant land from which no income is derived affects eligibility. However, the applicant must agree to take immediate and continuing action to dispose of the vacant land in order to become eligible.

Income Exemptions

The monthly net income exemption is $180 for an individual and an ad-

ditional exemption of $56 for each additional family member. For example, a family of father, mother and two children would have a monthly exemption of $348 or $4,176 per year. If the annual net income totaled $4,700 for this family, the excess over $4,176 would be applied to the family's medical needs. Any additional amount of medical needs over $524 annually would be paid for under Medical Assistance.

Exemptions in Licensed Facilities

A person receiving care in a licensed nursing home, licensed chronic hospital, or approved medical institution who has income shall be allowed to retain the first $23.60 a month of such income for personal needs. If the spouse is living outside of an institution, there is an additional exemption up to $225 per month from their combined total monthly income for the maintenance of the spouse.

Relatives' Responsibility

The financial responsibility of any person for any applicant or recipient of Medical Assistance will be limited to the responsibility of husband for wife, and of parents for children under 21 years, or blind, or permanently and totally disabled.

Life Insurance

There is no restriction regarding the amount of life insurance a person may have. However, in order to meet Federal requirements, the cash surrender value of life insurance must be considered in the determination of personal property.

Place of Application

Application for Medical Assistance is made with the Board of Public Welfare in the city or town where the applicant resides.

Mass. Dept. Public Welfare

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SEMI-ANNUAL CANCER TEACHING CLINIC

WESTERN MASSACHUSETTS HOSPITAL

WESTFIELD, MASSACHUSETTS

Wednesday, May 10, 1967 from 4:00 to 6:00 p.m.

1. "Malignant Melanoma"
   Charles Atamian, M.D. & Dominic A. DeLaurentis, M.D.
2. "Acute Leukemia in Adults and Children in a Community Hospital"
   William M. Davis, M.D. & Francis Stein, M.D.
3. "Experience with Mammograms in a Community Hospital"
   Kenneth L. McEwen, M.D. and Associates

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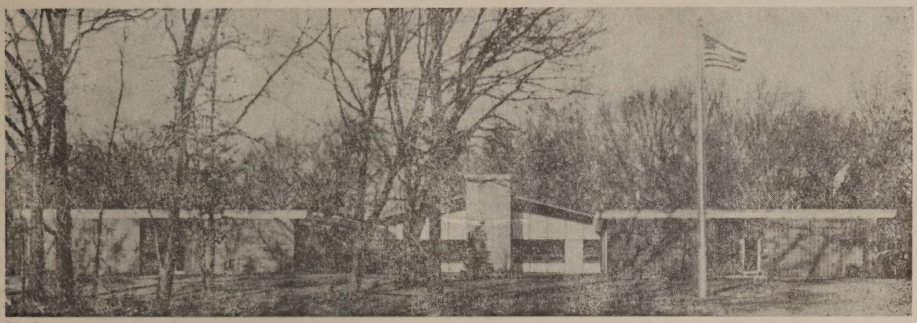

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